

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			11-09-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ZH	1120	12-03-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	6/18/03
2	2/03
3	3/03
4	4/03
5	5/03
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy